Docket No.: AT000218

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

Post Office Address:

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My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DENTAL IMPRESSION TRAY WITH DETACHABLE PORTIONS, the specification of which:

	s attached hereto.		
	vas filed on as Applic	cation Serial No nternational Application No	filed on
IJ		l under PCT Article 19 on	filed on
	und as amended	ander I of Philippe 19 on	<del></del> •
	by state that I have reviewed and und aims, as amended by any amendmen	derstand the contents of the above-identifing the referred to above.	fied specification,
	owledge the duty to disclose all information of Federal Regulations, §1.56.	ormation I know to be material to patental	bility in accordance with
	by appoint the following attorneys ar Patent and Trademark Office connec	nd/or agents to prosecute this application cted therewith:	and to transact all
Bao Q. Tran, R James Heslin, l	eg. No. 37,955 Reg. No. 29,541		
Addre	ss all telephone calls to Bao Q. Tran	at telephone number 408.470.1243.	
Addre	ss all correspondence to Bao Q. Trar	n at:	
ALIG	N TECHNOLOGY, INC.		
	artin Avenue		
Santa	Clara, CA 95050		
on information that willful fals 1001 of Title 1	and belief are believed to be true; an e statements and the like so made are	nerein of my own knowledge are true and further that these statements were made punishable by fine or imprisonment, or such willful false statements may jeopar	le with the knowledge both, under Section
Full Name of I	ventor: AMIR ABOLFATHY		,
Inventor's Sign	ature:	Date:	11-19-03
Residence Add			
Citizenship:	United States of America		

Docket No.: AT000218

Date: 19 NOV 2003

\_\_\_\_ Date: Nov 19, 2003

## **Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: R	OBERT E. TRICCA
--------------------------	-----------------

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